## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)
HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee			Date
Sara Amundson			M M / D D / Y Y Y Y
Mailing Address			
			Amount
City	State	Zip Code	31.06
Washington	DC	20002	_
Purpose of Expenditure		Category/	Office Sought: X House State: MI
Staff Time		Туре	House Senate District: 09
Name of Federal Candidate Supported or Opposed by Expenditure:		President District:	
Gary Peters			Check One: X Support Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		76785.35	2010 Cther (specify)
Full Name (Last, First, Middle Initial) of Payee			<u> </u>
Richard Patch			Date
			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Mailing Address			Amount
0.1	State	Zip Code	15.16
City Washington	DC	20016	
Purpose of Expenditure			Office Sought: V House Out MI
Staff Time		Category/ Type	House Senate State: MI
Name of Federal Candidate Supported or Oppose	d by Expenditure		President District: 09
Gary Peters		Check One: X Support Oppose	
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election		76800.51	2010
for Office Sought	• • • •		Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Wayne Pacelle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount
Apt 1212			
City	State	Zip Code	14.41
Bethesda	MD	20814	
Purpose of Expenditure		Category/	Office Sought: X House State: MI
Staff Time		Type	House Senate District: 09
Name of Federal Candidate Supported or Oppose	d by Expenditure	e:	President President
Gary Peters		Check One: X Support Oppose	
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		76814.92	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTALof Unitemized Independent Expen	ditures		
(c) TOTAL Independent Expenditures (carry total from last page forward to Li			
(Jan.) John Hollings Pago Tormard to El	/		